

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|--|--|--|-----------------------------------|--|
| NAME OF FILER Make Housing Affordable ? Yes on Prop. 10, a coalition of community groups, renters, unions, small landlords and homeowners <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AREA CODE/PHONE NUMBER (213)452-6565 </div> <div style="width: 45%;"> I.D. NUMBER (if applicable) 1409098 </div> </div> <hr/> STREET ADDRESS <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> CITY Los Angeles </div> <div style="width: 20%;"> STATE CA </div> <div style="width: 30%;"> ZIP CODE 90017 </div> </div> | | | Date of This Filing <u>11/05/2018</u> Report No. <u>10012018A</u> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> <small>(explain below)</small> </div> No. of Pages <u>2</u> | Date Stamp Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
|--|--|--|--|-----------------------------------|--|

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 09/28/2018 | AFSCME Local 3299 Issues PAC Sacramento, CA 95814-4602 ID# 1381381 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

Non-Monetary Contribution Amended - Previously Disclosed in Estimate

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| NAME OF FILER Make Housing Affordable ? Yes on Prop. 10, a coalition of community groups, renters, unions, small landlords and homeowners | | | Date of This Filing 11/05/2018 | Date Stamp Page 2 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213)452-6565 | I.D. NUMBER (if applicable) 1409098 | | Report No. 10012018A | | |
| STREET ADDRESS | | | <input checked="" type="checkbox"/> Amendment to Report No. 1 (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90017 | No. of Pages 2 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
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Reason for Amendment:

Non-Monetary Contribution Amended - Previously Disclosed in Estimate